

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36638

1. PLACE OF DEATH

County Henry
Township _____
City Wards No. _____

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

Rubin S. Luster

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 12 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mountain Co. Mo.

10. NAME OF FATHER Thomas Luster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co. Mo.

12. MAIDEN NAME OF MOTHER Mary Birdson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co. Mo.

14. INFORMANT O. F. Luster
(Address) Wards Mo.

15. FILED Dec 29 1927 J. J. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to Dec 27, 1927, that I last saw him alive on Dec 15, 1927, and that death occurred, on the date stated above, at 12 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

Several years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heart Failure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NEAR PLACE OF DEATH

(DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Will P. Bradley, M. D.
19 (Address) Wards Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Wards Mo. Dec 24 1927

20. UNDERTAKER ADDRESS

W. E. Luster Wards Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

